

|  |                               |               |
|--|-------------------------------|---------------|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | <b>Attorney Dock t Number</b> | J-3864        |
|  | <b>First Named Inventor</b>   | KOTARY et al. |
|  | <b>COMPLETE IF KNOWN</b>      |               |
|  | <b>Application Number</b>     |               |
|  | <b>Filing Date</b>            |               |
|  | <b>Art Unit</b>               |               |
|  | <b>Examiner Name</b>          |               |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BREAKABLE WICK FOR USE IN A DISPENSER FOR A VOLATILE LIQUID

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION—Utility or Design Patent Application**

|   |  |                                      |                  |   |                             |                              |                        |
|---|--|--------------------------------------|------------------|---|-----------------------------|------------------------------|------------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/>   |  | Customer Number<br>or Bar Code Label | 28165            |   | OR <input type="checkbox"/> | Correspondence address below |                        |
| <b>Name</b>   |  |                                      |                  |   |                             |                              |                        |
| <b>Address</b>  |  |                                      |                  |   |                             |                              |                        |
| <b>City</b>   |  |                                      |                  | <b>State</b>  |                             | <b>ZIP</b>                   |                        |
| <b>Country</b>  |  |                                      | <b>Telephone</b> |   |                             | <b>Fax</b>                   |                        |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                      |                  |   |                             |                              |                        |
| <b>NAME OF SOLE OR FIRST INVENTOR :</b>   |  |                                      |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                             |                              |                        |
| Given Name Kara L.<br>(first and middle [if any])   |  |                                      |                  | Family Name KOTARY<br>or Surname  |                             |                              |                        |
| <b>Inventor's Signature</b>   |  |                                      |                  |   |                             | <b>Date</b>                  |                        |
| Racine<br>Residence: City   |  |                                      | WI<br>State      |   | US<br>Country               |                              | US<br>Citizenship      |
| 3611 Mercury Lane<br>Mailing Address  |  |                                      |                  |   |                             |                              |                        |
| Racine<br>City  |  |                                      | WI<br>State      |   | 53404<br>ZIP                |                              | US<br>Country          |
| <b>NAME OF SECOND INVENTOR:</b>   |  |                                      |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                             |                              |                        |
| Given Name Ralph<br>(first and middle [if any])   |  |                                      |                  | Family Name SCHWARTZ<br>or Surname  |                             |                              |                        |
| <b>Inventor's Signature</b>   |  |                                      |                  |   |                             | <b>Date</b>                  |                        |
| Racine<br>Residence: City   |  |                                      | WI<br>State      |   | US<br>Country               |                              | Germany<br>Citizenship |
| 1135 Lake Avenue<br>Mailing Address   |  |                                      |                  |   |                             |                              |                        |
| Racine<br>City  |  |                                      | WI<br>State      |   | 53406<br>ZIP                |                              | US<br>Country          |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>one</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |                                      |                  |   |                             |                              |                        |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|                    |  |
|--------------------|--|
| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br><b>Supplemental Sheet</b><br>Page3 of 3 |
|--------------------|--|

|   |                 |   |                       |
|---|-----------------|---|-----------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |
| <b>Given Name</b> Tyler D.                        |                 | <b>Family Name or Surname</b> DUSTON  |                       |
| <b>Inventor's Signature</b>                       |                 |   | <b>Date</b>           |
| <b>Residence: City</b> Evanston                   | <b>State</b> IL | <b>Country</b> US   | <b>Citizenship</b> US |
| <b>Mailing Address</b> 840 A Forest Avenue        |                 |   |                       |
| <b>Mailing Address</b>                            |                 |   |                       |
| <b>City</b> Evanston                              | <b>State</b> IL | <b>ZIP</b> 60202  | <b>Country</b> US     |
| <b>Name of Additional Joint Inventor, if any:</b> |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |
| <b>Given Name</b>                                 |                 | <b>Family Name or Surname</b>   |                       |
| <b>Inventor's Signature</b>                       |                 |   | <b>Date</b>           |
| <b>Residence: City</b>                            | <b>State</b>    | <b>Country</b>  | <b>Citizenship</b>    |
| <b>Mailing Address</b>                            |                 |   |                       |
| <b>Mailing Address</b>                            |                 |   |                       |
| <b>City</b>                                       | <b>State</b>    | <b>ZIP</b>  | <b>Country</b>        |
| <b>Name of Additional Joint Inventor, if any:</b> |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |
| <b>Given Name</b>                                 |                 | <b>Family Name or Surname</b>   |                       |
| <b>Inventor's Signature</b>                       |                 |   | <b>Date</b>           |
| <b>Residence: City</b>                            | <b>State</b>    | <b>Country</b>  | <b>Citizenship</b>    |
| <b>Mailing Address</b>                            |                 |   |                       |
| <b>Mailing Address</b>                            |                 |   |                       |
| <b>City</b>                                       | <b>State</b>    | <b>ZIP</b>  | <b>Country</b>        |

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.